



Tetanus

County _____

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____
LHJ Cluster Name: _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____ Investigation start date: ____/____/____
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____
Zip code (school or occupation): _____ Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ Painful muscle spasms
☐ ☐ ☐ ☐ Lockjaw

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Contaminated wound during the three months before onset of symptoms.
☐ ☐ ☐ ☐ Skin lesion prior to illness:
☐ Abscess ☐ Ulcer ☐ Blister ☐ Gangrene
☐ Cellulitis ☐ Other: _____
☐ ☐ ☐ ☐ Immunosuppressive therapy or disease
☐ ☐ ☐ ☐ Chronic diabetes

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Acute hypertonia
☐ ☐ ☐ ☐ Risus sardonicus (facial muscle spasms)
☐ ☐ ☐ ☐ Opisthotonus (whole back spasm and bowing)
☐ ☐ ☐ ☐ Mechanical ventilation or intubation required during hospitalization
☐ ☐ ☐ ☐ Admitted to intensive care unit
Days in ICU: _____

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____
Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy Place of death _____

Vaccination

☐ ☐ ☐ ☐ Ever received tetanus containing vaccine

Number of doses tetanus vaccine prior to illness: _____

Dose 1 Type: _____ Date received: ____/____/____
Dose 2 Type: _____ Date received: ____/____/____
Dose 3 Type: _____ Date received: ____/____/____
Dose 4 Type: _____ Date received: ____/____/____
Dose 5 Type: _____ Date received: ____/____/____
Dose 6 Type: _____ Date received: ____/____/____

☐ ☐ ☐ ☐ Vaccine up to date for tetanus

Vaccine series not up to date reason:

☐ Religious exemption
☐ Medical contraindication
☐ Philosophical exemption
☐ Previous infection confirmed by laboratory
☐ Previous infection confirmed by physician
☐ Parental refusal
☐ Other: _____
☐ Unknown

NOTES

INFECTION TIMELINE

Enter onset date/time
(first sx) in heavy box.
Count backward to
determine probable
exposure period

Days from
onset:

Exposure period*

- 21 -3

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Calendar date/time:

* This is the usual incubation period,
though it may be as short as one
day or as long as several months

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or
outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Dates/Locations: _____

Y N DK NA

☐ ☐ ☐ ☐ Insulin-dependent diabetic

☐ ☐ ☐ ☐ Non-injection street drug use

☐ ☐ ☐ ☐ Injection street drug use

Injection street drug use type: _____

☐ ☐ ☐ ☐ Neonate Date of birth: ____/____/____

Age of mother: _____

Location of birth: ☐ Home ☐ Hospital

☐ Other: _____

Attended by: ☐ Physician ☐ Nurse

☐ Licensed midwife ☐ Unlicensed midwife

☐ Other: _____ ☐ Unk

Mother received tetanus toxoid prior to infant
illness ☐ Y ☐ N ☐ DK ☐ NA

Last dose: ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Recent acute wound (past 3 months)

Date identified: ____/____/____

Wound site:

☐ Head ☐ Trunk ☐ Upper extremity

☐ Lower extremity ☐ Other: _____

☐ Unspecified

Wound type:

☐ Punctate ☐ Crush ☐ Abrasion ☐ Avulsion

☐ Stellate laceration ☐ Linear laceration

☐ Burn ☐ Frostbite ☐ Compound fracture

☐ Surgery ☐ Animal bite ☐ Insect bite

☐ Tissue necrosis ☐ Dental ☐ Unk

☐ Other: _____

Depth of wound: _____

Wound contaminated ☐ Y ☐ N ☐ DK ☐ NA

Signs of infection ☐ Y ☐ N ☐ DK ☐ NA

Wound debrided ☐ Y ☐ N ☐ DK ☐ NA

If so, how soon after wound received: _____

☐ ☐ ☐ ☐ Injury related

Environment of injury:

☐ Home ☐ Other indoors ☐ Farm/yard

☐ Automobile ☐ Other outdoors ☐ Unk

Work related ☐ Y ☐ N ☐ DK ☐ NA

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: _____

☐ No risk factors or exposures could be identified

☐ Patient could not be interviewed

PATIENT PROPHYLAXIS AND TREATMENT

Tetanus toxoid given as therapy ☐ Y ☐ N ☐ DK ☐ NA

Date/time given: ____/____/____ AM / PM

Tetanus IG given prior to onset ☐ Y ☐ N ☐ DK ☐ NA

Date/time given: ____/____/____ AM / PM Dose: _____ Units

PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ Contaminated street drugs

PUBLIC HEALTH ACTIONS

☐ Initiate trace-back investigation

☐ Trace contaminated drugs

☐ Referral to physician

☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____